## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/</u> 1/1 <u>0</u>	Address:	RUSH CREEK RUAD
Case #:	PO 10-132D		NEW HARMONY IN.
County:	POSEY		<u>47620</u>
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c  Residence Outbuilding Vehicle	check all that apply)  Ifotel/Motel  Open — No Structure  Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corresive Acid:			
Corrosive Base:			
Other (item and location): PILL SOAK			
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrii Retail/M	ve Information ne/Pseudoophedrine Tracking Log ferchant Tip IT <u>IZEN COM</u> PL <u>AINT</u>
This report is to be faxed to the following agencies that serve the location:			
Health Do	tment: <u>NEW HARMONY FD</u> partment: <u>POSEY CO HEALTH</u> ection Service: <u>N/A</u>	Fax: <u>EM/</u> Fax: <u>EM</u> / Fax:	<u>MLED</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>KENNETH ROSE</u> Phone <u>812-307-004</u> 7			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.